

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**10/573,143**

FILED DATE  
**3-22-06**

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3						
4	0					
5						
6	1					
7						
8						
9	7					
10	7					
11	0		2			
12			2			
13			2			
14	1					
15	1					
16	1					
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49						
50						
TOTAL IND.	3		21			
TOTAL DEP.	32	◀	19	◀		
TOTAL CLAIMS	35		21			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS						